

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$125.00 for date of service, 04/24/01.
- b. The request was received on 05/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500
 2. EOB(s)
 3. Request for reconsideration dated 06/29/01 and 10/18/01
 4. Carrier's retrospective review dated 06/26/01
 - b. Additional documentation requested on 07/09/02 and received on 07/16/02
 1. Position statement
 2. EOB(s)
 3. Request for reconsideration letters dated 06/29/01; 10/18/01 and 01/03/02
 4. Carrier's retrospective review dated 06/26/01
 5. FCE and Work Conditioning medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Copy of a State Office of Administrative Hearing Decision, dated 07/17/02
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/19/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/22/02. The response from the insurance carrier was received in the Division on 08/02/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of additional information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter undated

"We are submitting to dispute resolution as we are closing on year deadline as set by TWCC."

2. Respondent: Letter dated 08/02/02

"The 4/1/96 Medical Fee Guideline, Medicine GroundRule, Single and Interdisciplinary Programs, 2, E, 2, a, states, 'An initial evaluation to determine the injured worker's readiness for the program may be performed prior to entrance into the program. This evaluation is **not** considered to be part of the Work Hardening program and should be billed **separately**.' Since the evaluation not [sic] considered a part of the work hardening program, it requires preauthorization. A review of the dispute packet reveals no evidence of a request or approval for pre-authorization. The requester did not obtain preauthorization from the Carrier as required by TWCC Rule 134.600 for 'psychiatric or psychological therapy or testing except as part of a work hardening program.'.... Now, the requester is seeking reimbursement for services not preauthorized by the Carrier; not Ordered by the Commission; and not performed as the result of a medical emergency. Therefore, it is the Carrier's position that the requester is due no reimbursement."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/24/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$125.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied as "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED."
5. Carrier's retrospective review, dated 06/26/01, continues to deny as "Preauthorization was not obtained as required by TWCC Rule 134.600."
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$125.00 for services rendered on the date of service in dispute above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/24/01	90830	\$125.00	\$0.00	A	\$125.00	TWCC Rule 134.600 (h); MFG MGR (II) (E) (2) (a); CPT Descriptor	The Medicine Ground Rules states an initial psychological evaluation, prior to entrance to a work hardening program is not considered part of the program and should be billed separately. The evaluation is not part of the work hardening program; therefore it is not exempt from preauthorization under TWCC Rule 134.600 (h). The Provider has failed to obtain preauthorization and, additionally, did not submit medical documentation of the psychological testing to support services billed. No reimbursement is recommended.
Totals		\$125.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 8th day of October 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt